

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011430

FILED  
Mar 05, 2009  
Secretary of State

Entity Name: MEDI WEIGHT LOSS CLINICS KENNEDY, LLC

**Current Principal Place of Business:**

4039 W. KENNEDY BLVD.  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4039 W. KENNEDY BLVD.  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 20-4294695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KALOUST, EDWARD  
777 SOUTH HARBOUR ISLAND BLVD  
SUITE 130  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KALOUST, EDWARD  
Address: 777 S. HARBOUR ISLAND BLVD.  
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Delete  
Name: EDLUND, JAMES  
Address: 777 S. HARBOUR ISLAND BLVD.  
City-St-Zip: TAMPA, FL 33602

Title: MGRM ( ) Delete  
Name: WILLETT, THOMAS  
Address: 4039 W. KENNEDY BLVD.  
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete  
Name: SANCHEZ, ROLONDO M.D.  
Address: 4039 W. KENNEDY BLVD.  
City-St-Zip: TAMPA, FL 33609

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: THOMAS K. WILLETT

MGRM

03/05/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date